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One Metropolitan Square, 16th Floor
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FACSIMILE TRANSMITTAL COVER SHEET

DATE: 09/27/05 FILE NUMBER: FIL 1864
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Type of paper transmitted: Amendment BApplicant's Name: David HarrisSerial No.: 10/642,714 Examiner: B. SnowFiling Date: 08/18/03 Art Unit: 3738 Confirmation No.: 4374Application Title: PROSTHESISIF YOU DO NOT RECEIVE ALL PAGES CLEARLY, CALL BACK AS SOON AS
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FEE TRANSMITTAL

Application Number 10/642,714
Filing Date 08/18/03
Inventor(s) David Harris
Examiner Name Bruce Edward Snow
Attorney Docket Number FIL 1864

Art Unit 3738
Confirmation No. 4374

☒ Applicant claims small entity status.

METHOD OF PAYMENT

☒ The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

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FEE CALCULATION

1. ☐ BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____

2. ☐ EXCESS CLAIM FEES

Total Claims ____ - ____ (HP) = 0 x Fee ____ = \$ 0.00
Indep Claims ____ - ____ (HP) = 0 x Fee ____ = \$ 0.00
Multiple Dependent Claims Fee \$ _____
(HP = highest number of claims paid for)

Subtotal (2) \$ 0.00

3. ☐ APPLICATION SIZE FEE

Total Pages N/A - 100 = NaN + 50 = 0 x \$250 = \$ 0.00
(Application + Drawings) (round up to whole #)


Subtotal (3) \$ 0.00

4. ☒ OTHER FEE(S)

☒ One _____ month extension of time
☐ Information disclosure statement
☐ 37 CFR 1.17(q) processing fee
☐ Non-English specification
☐ Notice of Appeal
☐ Filing a brief in support of appeal
☐ Request for oral hearing
☐ Other: _____

Subtotal (4) \$ 60.00

TOTAL AMOUNT OF PAYMENT \$ 60.00


Kurt F. James
Telephone: 314-231-5400

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